

**COMBINED DECLARATION AND POWER OF ATTORNEY
FOR UTILITY OR DESIGN PATENT APPLICATION**

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name;

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

AN IMPROVED PROCESS ISOLATION OF WITHAFERIN-A FROM PLANT MATERIALS AND
PRODUCTS THEREFROM

the specification of which (check only one item below):

- ☒ is attached hereto, and was amended on _____ (if applicable).
- ☐ was filed as United States application number _____ on _____
and was amended on _____ (if applicable).
- ☐ was filed as PCT international application number _____ on _____
and was amended on _____ (if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose to the Office all information known to me to be material to patentability as defined in Title 37, Code of Federal Regulations, §1.56.

I hereby claim foreign priority benefits under Title 35, United States Code, §§119 (a)-(d), 172 or 365 of any foreign application(s) for patent or inventor's certificate or of any PCT international application(s) designating at least one country other than the United States of America listed below and have also identified below any foreign application(s) for patent or inventor's certificate or any PCT international application(s) designating at least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application(s) of which priority is claimed:

PRIOR FOREIGN/PCT APPLICATION(S) AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. §§119(a)-(d), 172 or 365:

COUNTRY (if PCT, indicate "PCT")	APPLICATION NUMBER	DATE OF FILING (MM/DD/YYYY)	PRIORITY CLAIMED UNDER 35 U.S.C. §§119, 172 or 365
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

I hereby appoint the attorneys and agent(s) associated with the following PTO Customer Number of Burns, Doane, Swecker & Mathis, L.L.P. to prosecute said application and to transact all business in the Patent and Trademark Office connected therewith and to file, prosecute and to transact all business in connection with international applications directed to said invention:

Customer Number **2 1 8 3 9**

Address all correspondence to: **BURNS, DOANE, SWECKER & MATHIS, L.L.P.**
Customer Number **2 1 8 3 9**
P.O. Box 1404
Alexandria, Virginia 22313-1404

Address all telephone calls to: NORMAN H. STEPNO, ESQUIRE at (703) 836-6620.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR	
GIVEN NAME (first and middle (if any)) RAJENDER SINGH	FAMILY NAME OR SURNAME SANGWAN
INVENTOR'S SIGNATURE	DATE
RESIDENCE (City, State & Country) LUCKNOW, UTTAR PRADESH - 226 015, INDIA	CITIZENSHIP INDIAN
MAILING ADDRESS (Complete Street Address including City, State, Zip & Country) CENTRAL INSTITUTE OF MEDICINAL AND AROMATIC PLANTS LUCKNOW, UTTAR PRADESH - 226 015, INDIA	
NAME OF SECOND INVENTOR	
GIVEN NAME (first and middle (if any)) NARAYAN DAS	FAMILY NAME OR SURNAME CHAURASIYA
INVENTOR'S SIGNATURE	DATE
RESIDENCE (City, State & Country) LUCKNOW, UTTAR PRADESH - 226 015, INDIA	CITIZENSHIP INDIAN
MAILING ADDRESS (Complete Street Address including City, State, Zip & Country) CENTRAL INSTITUTE OF MEDICINAL AND AROMATIC PLANTS LUCKNOW, UTTAR PRADESH - 226 015, INDIA	
NAME OF THIRD INVENTOR	
GIVEN NAME (first and middle (if any)) LAXMI NARAYAN	FAMILY NAME OR SURNAME MISRA
INVENTOR'S SIGNATURE	DATE
RESIDENCE (City, State & Country) LUCKNOW, UTTAR PRADESH - 226 015, INDIA	CITIZENSHIP INDIAN
MAILING ADDRESS (Complete Street Address including City, State, Zip & Country) CENTRAL INSTITUTE OF MEDICINAL AND AROMATIC PLANTS LUCKNOW, UTTAR PRADESH - 226 015, INDIA	

NAME OF FOURTH INVENTOR	
GIVEN NAME (first and middle (if any)) PAYARE	FAMILY NAME OR SURNAME LAL
INVENTOR'S SIGNATURE	DATE
RESIDENCE (City, State & Country) LUCKNOW, UTTAR PRADESH - 226 015, INDIA	CITIZENSHIP INDIAN
MAILING ADDRESS (Complete Street Address including City, State, Zip & Country) CENTRAL INSTITUTE OF MEDICINAL AND AROMATIC PLANTS LUCKNOW, UTTAR PRADESH - 226 015, INDIA	
NAME OF FIFTH INVENTOR	
GIVEN NAME (first and middle (if any)) GIRISH CHANDRA	FAMILY NAME OR SURNAME UNIYAL
INVENTOR'S SIGNATURE	DATE
RESIDENCE (City, State & Country) LUCKNOW, UTTAR PRADESH - 226 015, INDIA	CITIZENSHIP INDIAN
MAILING ADDRESS (Complete Street Address including City, State, Zip & Country) CENTRAL INSTITUTE OF MEDICINAL AND AROMATIC PLANTS LUCKNOW, UTTAR PRADESH - 226 015, INDIA	
NAME OF SIXTH INVENTOR	
GIVEN NAME (first and middle (if any)) NEELAM SINGH	FAMILY NAME OR SURNAME SANGWAN
INVENTOR'S SIGNATURE	DATE
RESIDENCE (City, State & Country) LUCKNOW, UTTAR PRADESH - 226 015, INDIA	CITIZENSHIP INDIAN
MAILING ADDRESS (Complete Street Address including City, State, Zip & Country) CENTRAL INSTITUTE OF MEDICINAL AND AROMATIC PLANTS LUCKNOW, UTTAR PRADESH - 226 015, INDIA	
NAME OF SEVENTH INVENTOR	
GIVEN NAME (first and middle (if any)) AVDHESH KUMAR	FAMILY NAME OR SURNAME SRIVASTAVA
INVENTOR'S SIGNATURE	DATE
RESIDENCE (City, State & Country) LUCKNOW, UTTAR PRADESH - 226 015, INDIA	CITIZENSHIP INDIAN
MAILING ADDRESS (Complete Street Address including City, State, Zip & Country) CENTRAL INSTITUTE OF MEDICINAL AND AROMATIC PLANTS LUCKNOW, UTTAR PRADESH - 226 015, INDIA	

NAME OF EIGHTH INVENTOR	
GIVEN NAME (first and middle (if any)) KRISHAN AVTAR	FAMILY NAME OR SURNAME SURI
INVENTOR'S SIGNATURE	DATE
RESIDENCE (City, State & Country) LUCKNOW, UTTAR PRADESH - 226 015, INDIA	CITIZENSHIP INDIAN
MAILING ADDRESS (Complete Street Address including City, State, Zip & Country) CENTRAL INSTITUTE OF MEDICINAL AND AROMATIC PLANTS LUCKNOW, UTTAR PRADESH - 226 015, INDIA	
NAME OF NINTH INVENTOR	
GIVEN NAME (first and middle (if any)) GHULAM NABI	FAMILY NAME OR SURNAME QAZI
INVENTOR'S SIGNATURE	DATE
RESIDENCE (City, State & Country) LUCKNOW, UTTAR PRADESH - 226 015, INDIA	CITIZENSHIP INDIAN
MAILING ADDRESS (Complete Street Address including City, State, Zip & Country) CENTRAL INSTITUTE OF MEDICINAL AND AROMATIC PLANTS LUCKNOW, UTTAR PRADESH - 226 015, INDIA	
NAME OF TENTH INVENTOR	
GIVEN NAME (first and middle (if any)) RAKESH	FAMILY NAME OR SURNAME TULI
INVENTOR'S SIGNATURE	DATE
RESIDENCE (City, State & Country) LUCKNOW, UTTAR PRADESH - 226 015, INDIA	CITIZENSHIP INDIAN
MAILING ADDRESS (Complete Street Address including City, State, Zip & Country) CENTRAL INSTITUTE OF MEDICINAL AND AROMATIC PLANTS LUCKNOW, UTTAR PRADESH - 226 015, INDIA	

☐ Additional inventors are being named on the Supplemental Additional Inventor(s) Sheet(s) attached hereto.